



Texas Department of Insurance

Division of Workers' Compensation

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address:

Respondent Name:

Texas Mutual Insurance Co.

Carrier's Austin Representative Box

Box Number 54

MFDR Tracking Number:

M4-12-1650-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Supt. At Tx Mutual told me they thought this was an insurance company with a co-pay. Someone just made a simple mistake. I don't have insurance."

Amount in Dispute: \$89.97

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Texas Mutual seeks additional time to respond to the claimant regarding reimbursement for medication."

Response Submitted by: Texas Mutual Insurance Co., PO Box 12029, Austin, TX 78711-2029

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 25, 2011	Out-Of-Pocket Expenses – Prescription Medication – Oxycodone HCL Tabs	\$89.87	0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for injured employees to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.270 sets out the procedures for injured employees to submit workers' compensation out-of-pocket expenses to the insurance carrier for reimbursement.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated March 16, 2012:

- W1 – Workers Compensation State Fee Schedule adjustment.
- 100 – Payment made to patient/insured/responsible party/employer.
- 790 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.
- 908 – Employee may only pursue reimbursement for medical in the amount payable under Rule 133.270.

Issues

1. Did the requestor submit receipts for out-of-pocket expenses to the Carrier in accordance with 28 Texas Administrative Code §133.270?
2. Is the requestor entitled to reimbursement?

Findings

Pursuant to 28 Texas Administrative Code §133.270 the injured employee submitted receipts for out-of-pocket expenses for prescription medication in the amount of \$89.87 to Texas Mutual Insurance Company. In accordance with 28 Texas Administrative Code §133.270(c) the insurance carrier reimbursed the injured employee for the out-of-pocket expenses on March 16, 2012 with check number 10783023 in the amount of \$89.87. Therefore, in accordance with 133.307(e)(3)(A), the Division has determined that a dispute no longer exists.

Conclusion

For the reasons stated above, the division finds that the requestor has established that reimbursement is not due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 24, 2012
Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.